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IMPORTANT NOTICE
TELCOPY/FACSIMILE COVER LETTER

OCT 27 2004 WASHINGTON, DC

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TO: U.S. Patent and Trademark Office
Examiner: Shean Chiu Wu
Art Unit: 1756

FROM: Barry M. Shuman

DATE: October 27, 2004

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 30

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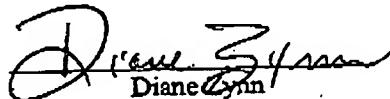
MESSAGE:

RE: U.S. Patent Application Serial No.:10/726,292; Our Ref. 19629.0002

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter
- Declaration Under Rule 1.132

are being facsimile transmitted to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 27, 2004

703-872-9306 Art Unit 1756TELCOPY/FAX NUMBER:703-872-9306 Art Unit 1756CLIENT NUMBER:19629.0002ATTORNEY BILLING NUMBER:6085CONFIRMATION NUMBER:571-272-1393 (please return fax to Diane Lynn)

FORM PTO-1083

Attorney Docket No. 19629.0002
Patent Application No. 10/726,292

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OCT 27 2004

In re application of:

Eiji OKABE et al.

Serial No: 10/726,292

Confirmation No.: 5233

Filed: December 2, 2003

For: LIQUID CRYSTAL COMPOSITION AND LIQUID
CRYSTAL DISPLAY ELEMENTArt Unit:
Examiner:1756
Shean Chiu Wu

I hereby certify that this correspondence
is being transmitted via facsimile to
(703) 872-8306;
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

October 27, 2004
Date of Deposit
Diane Zynn
Name
Signature *Diane Zynn* 10/27/04
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Declaration Under Rule 1.132 is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	39	-	39	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$88 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						
Independent Claims: 1						
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> A check in the amount of \$ <u>0</u> to cover the additional claims fee is enclosed. A copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ <u>0</u> to cover the extension fee is enclosed. A copy of this sheet is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. § 1.17						
Respectfully submitted, HOGAN & HARTSON LLP						
By: <u>Barry M. Shuman</u> Barry M. Shuman Registration No. 50,220						

Date: October 27, 2004

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